

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10561979

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		✓				
3		✓				
4		✓				
5		✓				
6	✓					
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TOTAL IND.	2	✓	✓	✓	✓	✓
TOTAL DEP.	8	◀	◀	◀	◀	◀
TOTAL CLAIMS	11					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			✓	✓	✓	✓
TOTAL DEP.		◀	◀	◀	◀	◀
TOTAL CLAIMS						